

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MUHAMMAD ASLAM KHAN, on behalf of  
himself, FLSA Collective Plaintiffs and the Class  
Members,

Plaintiffs,

v.

AMAZING STORE & SMOKE SHOP AND  
YOGI'S NEWSTAND and MOHAMMAD  
SALIM SHEIKH

Defendants.

Case No. . 21-cv-06148-LJL

**DEFENDANTS' FIRST INTERROGATORIES AND DOCUMENT REQUESTS**

To: Plaintiff MUHAMMAD ASLAM KHAN, by and through his attorney of record, Pervez & Rehman, PC. 68 S Service Road, Suite 100 Melville.

Defendants AMAZING STORE & SMOKE SHOP AND MOHAMMAD SALIM SHEIKH (hereinafter collectively "Defendants") by and through their attorney Allan W. Jennings Jr., Esq. hereby make the following demands of MUHAMMAD ASLAM KHAN's ("Khan" or "Plaintiff") i.e. First Interrogatories and Document Requests in accordance with Rules 33 and 34 of the Federal Rules of Civil Procedure and the Court's Local Civil Rules, as follows:

**INTERROGATORIES**

1. During what period of time were you employed by the Defendant?
2. State your full name, any other names by which you have been known, present residence address, social security number, and place and date of birth.
3. List all addresses at which you have resided for the last 10 years, stating inclusive dates for each such address.
4. For all employment preceding and up until the date of any incident referred to in this lawsuit,

state;

(a) the names and addresses of each of your employers;

(b) the dates of commencement and termination of each such employment and the reason for termination;

(c) your job title and a description of the services or work performed by you for each such employment;

(d) the average number of hours you worked per week;

(e) your average gross weekly wages or earnings from each such employment;

(f) for each employer, whether a physical examination was required and, of so, the date, place and person performing the physical examination;

(g) for each employment, whether light, medium or heavy physical activity was required;

(h) for each employer, whether or not you made any representations in writing or answers in writing concerning your physical condition or health;

(i) the name of your immediate boss, foreman, or other supervisor to whom you were responsible for each employment listed above.

5. Have you returned to daily work since your departure from the alleged employment with Defendant AMAZING STORE & SMOKE SHOP: If so, state:

(a) the first date you returned to work and the name of the person who authorized you to do so;

(b) the dates of all active work since the departure date alleged in your herein Complaint;

(c) for the dates listed in 4(b), state the type of job you have performed, and whether you worked full time or part time; if both, give the dates for each;

(d) if you are not now working, please state why you are not so working (i.e., medical leave, furlough, resigned, terminated, new employment, deportation).

6. If you have been employed in some capacity after the employment asserted in this lawsuit,

state the following:

- (a) the names and addresses of each of your employers;
  - (b) the dates of each such employment;
  - (c) a description of the services or work performed by you for each such employment;
  - (d) your average gross weekly wages or earnings from each such employment;
  - (e) for each employer, state whether a physical examination was required and, if so, the date, place and person performing the physical examination;
  - (f) for each employment, state whether light, medium or heavy physical activity was required;
  - (g) for each employer, state whether you made any representations in writing or answers in writing concerning your physical condition or health;
  - (h) the name of your immediate boss, foreman, or other supervisor to whom you were responsible for each employment listed above;
  - (i) if you are no longer working in any employment, please state the reason.
7. Have you ever applied for or received unemployment benefits, Social Security benefits, or disability pension benefits? If so, with respect to each, state:
- (a) the type of benefit and the name and address of the office with whom you applied for such benefit;
  - (b) the date you applied for such benefit;
  - (c) whether you were awarded such benefits;
  - (d) the condition for which you received such benefits.
8. State whether you have ever filed a worker's compensation claim and, if so, with respect to each claim, state:
- (a) the date the claim was filed;
  - (b) the state in which the claim was filed and the number of the claim; (c) the name of the employer against whom you made the claim.

9. If you are making a claim for past wage loss and if you are unable to produce tax returns, with respect to your income during each of the past five calendar years, please state:
- (a) your yearly gross income;
  - (b) your yearly net income;
  - (c) the name and address of any tax preparer or other person, firm or corporation having custody of any papers pertaining to your income;
  - (d) whether you have filed any state or federal income tax returns in the past five years and, if so, give the address of the Internal Revenue Service office and any state tax authority with whom you have filed income tax returns and the year in which returns were filed with each such authority.
10. State the name and address of each junior high school, high school, vocational or technical school, college or other educational institution you have attended, listing the inclusive dates of attendance for each, the course of study at each, and whether you received a diploma, certificate or degree.
11. Have you ever been drafted, enlisted and/or served in the Armed Forces or performed services for any branch of any governmental agency: If so, state:
- (a) the name of such organization and the particular branch for whom you performed services or were drafted or enlisted.
  - (b) the dates and places of such services;
  - (c) your serial or identification number;
  - (d) a brief description of the services performed;
  - (e) whether or not a physical examination was required and, if so, the dates and places of such examinations;
  - (f) the dates of termination of such services;
  - (g) if you were discharged or not accepted for service for physical or mental reasons, state the

reason therefor.

12. Please identify by name, employer, last known address and telephone number and last known place of employment the following persons:
  - (a) all persons working with you during the period in which you allege you were allegedly employed by Defendants in the instant lawsuit;
  - (b) all persons who were in a position to corroborate your employment;
13. Please identify any documents or evidence you have to prove you were in the USA during the times you allege to have been employed in the instant suit
14. Who was your immediate supervisor?
15. Did you have a regularly scheduled work period? If so, specify.
16. What was your title or position? Briefly describe your job duties.
17. What was your regular rate of pay?
18. What is the nature of your claim?
19. Are you alleging that that the Defendant failed to record, or prohibited you from recording, all of your working time?
20. Are you alleging misclassification as in the Defendant mistakenly classified you as exempt from overtime?
21. Are you alleging miscalculation as in the Defendant failed to correctly calculate your Compensation?
22. Provide an accounting of your claim, including:
  - (a) dates,
  - (b) regular hours worked
  - (c) over-time hours worked
  - (d) pay received versus pay claimed
  - (e) total amount claimed

23. If you have brought this case as a collective action:

(a) Describe the class of employees you seek to include in this action.

(b) Has an opt-in notice been filed for every potential opt-in Plaintiff who has identified himself or herself as a person who wishes to join this action?

24. Specify all attorney's fees and costs incurred to date. With respect to attorney's fees, please provide the hourly rate(s) sought and the number of hours expended by each person who has billed time to this case.

25. When did you (or your attorney) first complain to your employer about alleged violations of the FLSA?

26. Was this complaint written or oral? (If a written complaint, attach a copy).

27. What was your employer's response?

Defendants reserve the right to make demands for additional interrogatories, documents or depositions based upon additional facts or information learned during discovery.

Dated: October 8, 2021

Respectfully submitted,

ALLAN W JENNINGS ESQ P.C.  
214-11 Northern Blvd  
Bayside, New York 11361

By: /s/ Allan W Jennings  
Allan W Jennings  
Attorneys for Defendants  
*AMAZING STORE & SMOKE SHOP  
and MOHAMMAD SALIM SHEIKH*